| Rock Averticia o   |   |  |                                     |                      |              |                  |          |   |                        |            |                               |                          |
|--|---|--|-------------------------------------|----------------------|--------------|------------------|----------|---|------------------------|------------|-------------------------------|--------------------------|
| Best Available Copy PATENT APPLICATION FEE DETERMINATION RECORD  |   |  |                                     |                      |              |                  |          | Application or Docket Number                  |                        |            |                               |                          |
|  | PATENT A  | RD   | Inn Talul                           |                      |              |                  |          |   |                        |            |                               |                          |
| Effective October 1, 2001  |   |  |                                     |                      |              |                  |          |   |                        |            |                               | ?,                       |
|  |   | CLAIMS AS                                  | FILED - PART I<br>(Column 1) (Colum |                      |              | mn 2)            | -        | SMALL ENTITY TYPE                             |                        | OR         | OTHER THAN<br>OR SMALL ENTITY |                          |
| TOTAL CLAIMS   |   |  |                                     |                      |              |                  |          | RATE  | FEE                    |            | RATE                          | FEE                      |
| FOR  |   |  | NUMBER FILED                        |                      | NUMBER EXTRA |                  |          | BASIC FEE                                     | 370.00                 | OR         | Basic Fee                     | 740.00                   |
| TOTAL CHARGEABLE CLAIMS  |   |  | 6 minus 20=                         |                      | • 0          |                  |          | X\$ 9=  |                        | OR         | X\$18=                        |                          |
| INDEPENDENT CLAIMS   |   |  | 2 minus 3 =                         |                      | · Ø          |                  | Ì        | X42⇒  |                        | OR         | X84=                          |                          |
| MU   | LTIPLE DEPEN  | DENT CLAIM P                               | RESENT                              |                      |              |                  | İ        | +140=   |                        | OR         | +280=                         |                          |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |   |  |                                     |                      |              |                  | TOTAL    |   | OR                     | TOTAL      | 7100                          |                          |
| C J SCLAIMS AS AMENDED - PART II   |   |  |                                     |                      |              |                  |          |   |                        |            | OTHER                         | THAN                     |
| ع  | 9/21 (Column 1) (Column 2) (Column 3  |  |                                     |                      |              |                  |          | SMALL   | ENTITY                 | OR         | SMALL                         |                          |
| AMENDMENT (  |   | CLAIMS<br>REMAINING<br>AFTER               |                                     | HIGH<br>NUM<br>PREVK | BER<br>DUSLY | PRESENT<br>EXTRA |          | RATE  | ADDI-<br>TIONAL<br>FEE |            | RATE                          | ADDI-<br>TIONAL<br>FEE   |
|  | Total   | · 22                                       | Minus                               | ++ 2                 | 2            |                  | l        | X\$ 9=  | 7 5 5                  | OR         | X\$18=                        | P)                       |
| MEN  | Independent   | . 40                                       | Minus                               | ••••                 | 4            | 2                | <b> </b> | X42=  |                        | OR         | X84=                          |                          |
| ۲  | FIRST PRESE   | NTATION OF MI                              | JLTIPLE DE                          | PENDEN               | CLAIM        |                  | <b> </b> | +140=   |                        | OR         | +280=                         | <u> </u>                 |
|  |   |  |                                     |                      |              |                  |          | TOTAL   |                        |            | TOTAL                         |                          |
| ADDIT. FEEOH AD  |   |  |                                     |                      |              |                  |          |   |                        | ADDIT. FEE |                               |                          |
|  | 10/05/  | (Column 1)                                 | ·                                   | (Colu                |              | (Column 3)       |          |   |                        | 1 1        |                               |                          |
| ENT  |   | REMAINING<br>AFTER<br>AMENDMENT            |                                     | NUM<br>PREVI<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA |          | RATE  | ADDI-<br>TIONAL<br>FEE |            | RATE                          | ADDI-<br>TIONAL<br>: FEE |
| AMENDMENT  | Total   | · 22                                       | Minus                               | - 7                  | , D          | - O              |          | X\$ 9=  |                        | OR         | X\$18=                        | 0                        |
|  | Independent   | . 4  | Minus                               | *** (                | 1            | -                |          | X42=  |                        | OR         | X84=                          | ()                       |
|  | PHST PRESE  | NTATION OF MU                              | LIPLE DE                            | CNUEN                | CLAIM        |                  | '        | +140=   |                        | OR         | +280=                         |                          |
|  |   |  |                                     | •                    |              |                  | L        | TOTAL   |                        | 00         | TOTAL                         | (+)                      |
| 1  | )   | (Caluma 4)                                 |                                     | (Colu                | ma Gi        | (Column 3)       | A        | DDIT. FEE                                     |                        | , ,        | addit. Feei                   | <u> </u>                 |
| 1  |   | (Column 1)<br>CLAIMS                       | · ·                                 | HIGH                 | EST          |                  | ı        |   | ADDI-                  | 1          |                               | ADDI-                    |
| AMENDMENT  |   | REMAINING<br>AFTER<br>AMENDMENT            |                                     | NUM<br>PREVI<br>PAID | DUSLY        | PRESENT<br>EXTRA |          | RATE  | TIONAL<br>FEE          |            | RATE                          | TIONAL<br>FEE            |
| OME  | Total   | •  | Minus                               | **                   |              | o                |          | X\$ 9=  |                        | OR         | X\$18=                        | 1 1-1-                   |
| ME   | Independent   | •  | Minus                               | ***                  |              | •                | <b> </b> | X42=  |                        |            | X84=                          |                          |
| <b>Y</b>   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |                                     |                      |              |                  | ╽┠       | ,,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> |                        | OR         | ,,,,,,                        |                          |
|  | * If the entry in column 1 is less than the entry in column 2, write "O" in column 3. |  |                                     |                      |              |                  |          |   |                        | OR         | +280=                         |                          |
| The state of the s |   |  |                                     |                      |              |                  |          |   |                        |            | TOTAL<br>ADDIT, FEE           |                          |
|  |   | imber Previously Pa<br>aber Previously Pai |                                     |                      |              |                  | r four   | nd in the and                                 | woorlate box           | in col     | umn 1.                        |                          |